

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

LESLIE R. KELLY,)	
Plaintiff,)	
)	C.A. No. 03-368 Erie
-against-)	District Judge MCLaughlin
)	Magistrate Judge Baxter
MARTY SPAKO, et al.,)	
Defendants.)	
)	
)	


**MOTION TO SUPPLEMENT RECORD AND RE-INSTATE
NEGLIGENCE CLAIM**

INTO COURT now comes Plaintiff Leslie R. Kelly and hereby move this Honorable Court to supplement the record with additional medical records and re-instatement of "Negligence" claim against the Defendants' herein. In support thereof Plaintiff would show the Court as follows:

1. On or about October 10, 2005, pursuant to Plaintiff's request he was furnished with medical records showing: (1) Sore in nose lasting for months; (2) Respiratory infection; (4) Infection in neck and (5) Chest pains.
2. On July 17, 2005, the Northeast Regional Office denied Plaintiff's request for Tort pursuant to 28 U.S.C. § 2672.
3. Plaintiff having now exhausted his administrative remedy in regards to his claim of negligence respectfully asked that said claim be re-instated having previously dismissed for failure to exhaust.

WHEREFORE, Plaintiff begs and pray that this Court accepts his pleadings and exhibits as attached.

Respectfully submitted,



Leslie R. Kelly
USM#26864-039
Jesup FCI
2680 Highway 301 South
Jesup, GA 31599

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I deposited a true and exact copy of the foregoing instrument affixed with adequate postage to effectuate delivery via First Class Mail to:

United States Attorney's Office
Western District of Pennsylvania
U.S. Post Office & Courthouse
700 Grant Street, Suite 400
Pittsburg, Pennsylvania 15219

This day 24 of October, 2005.

Submitted by,



Leslie R. Kelly, Pro Se

UNITED STATES GOVERNMENT

Memorandum

Northeast Regional Office, Philadelphia, PA
FEDERAL BUREAU OF PRISONS

DATE: June 17, 2005

REPLY TO

ATTN OF: Henry J. Sadowski, Regional Counsel

SUBJECT: Administrative Tort Claim No. TRT-NER-2005-01398

TO: Leslie Romile Kelly, Reg. No. 26864-039
FCI Jesup

Your Administrative Tort Claim No. TRT-NER-2005-01398, properly received by this agency on January 18, 2005, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. You seek compensatory damages in the amount of \$5,000,000.00 for an alleged personal injury. Specifically, you claim you were forced to work for eight (8) months in an unsafe, hazardous, unhealthy work environment in the UNICOR factory at the Federal Correctional Institution (FCI), McKean, in Bradford, Pennsylvania, causing you many mental health and physical health problems.

After careful review of this claim, I have decided not to offer a settlement. Investigation reveals you worked in the UNICOR factory at FCI McKean from September 3, 2002, through April 24, 2003. The medical record indicates you complained of headaches and other medical problems, however, you did not make any complaints of hoarseness, chest pain, shortness of breath, narcosis, mental or physical anguish during this time. The record indicates UNICOR air quality is within acceptable limits, as set forth by the Occupational Safety and Health Administration (OSHA). OSHA's report indicates that no workers were exposed to greater than 10% of the relevant exposure limit and that all required safety precautions were being followed. You fail to show that negligence on the part of any Bureau of Prisons' employee resulted in your alleged injury.

Accordingly, your claim is denied. If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

cc: James F. Sherman, Warden, FCI McKean
Jose Vazquez, Warden, FCI Jesup

SAVANNAH, GEORGIA 31404

PRACTICE LIMITED TO
CARDIOVASCULAR DISEASE

5/10/2004
4:30 PM
M...
F...

Name: **LESLIE KELLY**
ID: **59554**

9/23/2005 12:00:54

BR: **52** Medicine 1:
BP: Medicine 2:
Age: **42 Years** Clin. Class 1:
Sex: **Male** Clin. Class 2:
Race: **Black** Department:
Height: **0 in** Technician:
Weight: **0 lbs** Physician: **DR MILLER**

CARDIO CONSULTANTS
NINA
DR MILLER

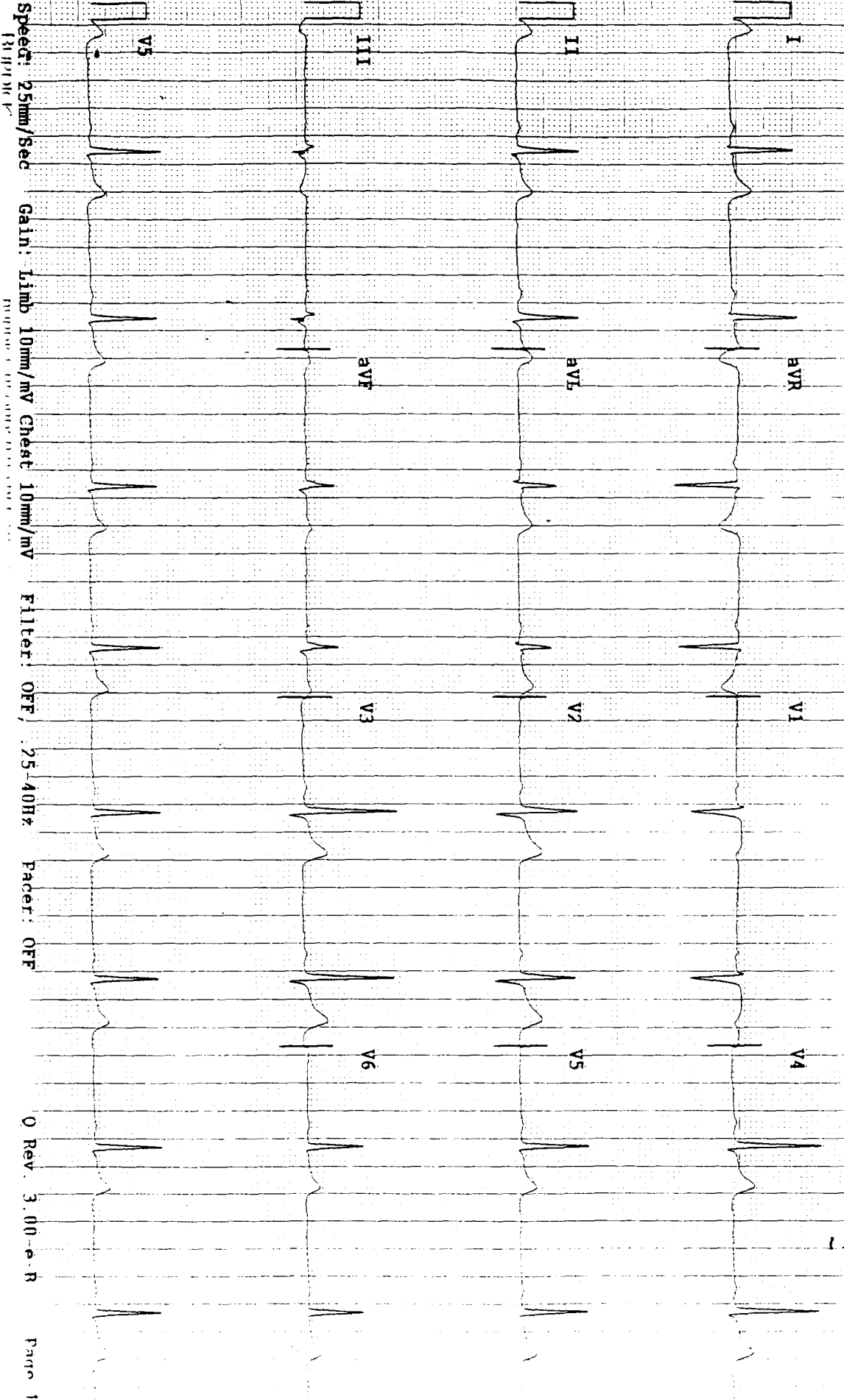
EKG:

1. Sinus bradycardia.
2. Normal tracing.

JAMES W. MILLER, M.D./wq
cc: Dr. Chippi
T:09/23/05

James W. Miller
M. Chippi, MD
Medical Officer
FCLJ Hosp., Ga.

STANDARD ECG



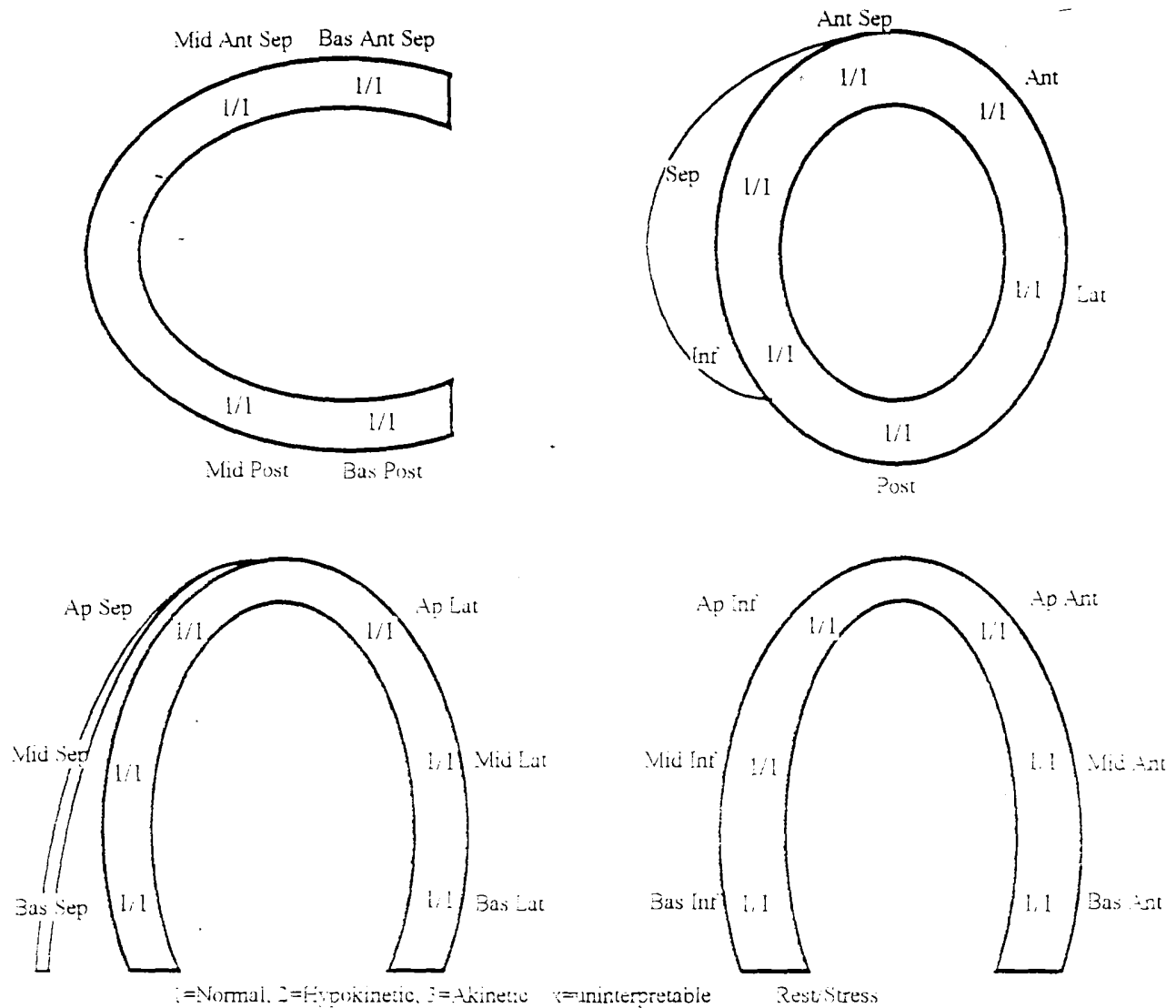
Cardiovascular Consultants, P.C.

Stress Echocardiogram Report

• Patient: Kelly, Leslie
Date: 09/23/05

DOB: 12/17/67 Chart #: 59554 Tape #: Miller-69

CC: Dr. Chipi (FCI, Jesup)



Stress Echocardiogram: He has excellent contractility throughout at rest and with exercise, and with no evidence of dyskinesia, hypokinesia or akinesia.

Impression:

1. Normal Stress Echo with no evidence of ischemia.

JAMES W. MILLER, M.D., wg

cc: Dr. Chipi (Jesup)

7/09/23/05

Handwritten signature and stamp: "JAMES W. MILLER, M.D. FOR JESUP, GA."

Name: LESLIE KELLY
ID: 59554

9/23/2005 12:26:2

HR: 123 Phase: Recovery
BP: Exercise Time: 09:00
RPE: Stage/Time: -/00:20
Workload: 0.0 mph 7.9 % grade
Protocol: Bruce

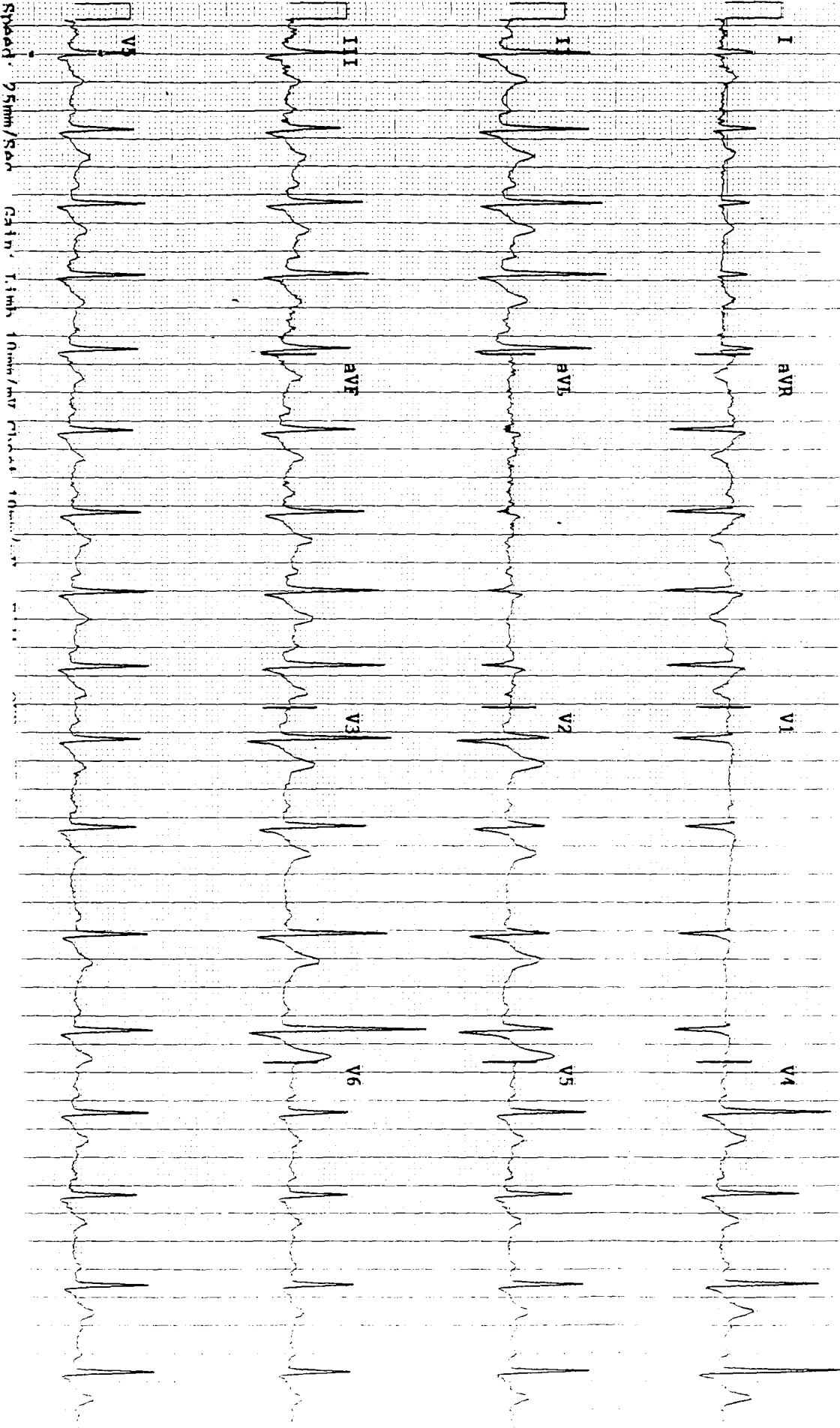
Treadmill Stress Test: He exercised for 9 minutes which is the end of stage III of the Bruce protocol to a heart rate of 144. BP 170/60. The test was stopped due to dyspnea. He had no chest pain. No ST segment change or arrhythmia seen.

Impression:

1. Excellent exercise capacity.
2. Negative test for ischemia by EKG and clinical criteria.

JAMES W. MILLER, M.D./w9
cc: Dr. Chipi
T:09/23/05

James W. Miller, M.D.
Medical Director
ECG Laboratory



MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Cardiology* FROM: *Phillips* DATE OF REQUEST: *5/19/05*

REASON FOR REQUEST (Complaints and findings)

Follow up visit (

Medication Allergies:

*42yr old BM & long hx of HTN +
~~DM~~ - need stress test - chest
 ↑ lipid*

Current Medications:

pan

PROVISIONAL DIAGNOSIS:

DOCTOR'S SIGNATURE

APPROVED

CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

Consultant's findings and recommendations:

*Shr 2nd is normal**Normal of echocardiogram**Good LV function**Full report to follow**[Signature]*

Return to FCI Jesup Health Services with escorting officer. Thank you.

SIGNATURE AND TITLE

DATE

PATIENT'S IDENTIFICATION: For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility

[Signature]
 MEDICAL OFFICER
 Medical Officer
 FCI Jesup, Ga.

CONSULTATION SHEET

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9.23.05 1515	chest/lung CTAB Cardio SSR Abdomen benign Neuro CN11-X11 normal A/p Headache Educate pt to avoid anything that triggers headaches mot'n 600mg i po TID prn HA x 90d Breast AC
9/26/05	Medical Officer FCI Jesup, Ga.
9/29/05 1330	no show F. - sick call appt J. Adair FCI Jesup, GA
10-3-05 1110	Administrative Note: Update of copies from last request of 9-8-05. 7 Copies L. Oliver, HIT FCI Jesup, GA

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SERVICE/BRANCH/IDENTIFICATION NO.

DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Medication: Allergies:
	() Antifungal Cream APAA BIDx _____ days # _____ refills _____
	() Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
	() Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches # _____ refills _____
	() Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. pm for fever/pain # _____ Refills _____
	() Ibuprofen 400mg l.p.o. t.i.c. pm p.c. for pain relief #21 Refill _____
	() HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____
	() Colace 100mg 1 capsule BID for constipation # _____ Refills _____
	() Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____
	() Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____
	() Tagamet 300mg/400mg p.o. q 12 hrs x _____ dats. refills _____
	() Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
	() Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
	() Antibiotics Oral/Injectables: (specify route, times, days, etc.)
	CHECK FOR ALLERGIES:

- ① Bactrim DS + BID x 10 day Non pill line
 ② Bactoban BID #1
 ③ RTC PRN

Paul W. Wickard

Paul W. Wickard, PAC
 Physician Assistant
 FCI/FPC/FSL Jesup, Ga.

W

DR. RPH

PHYSICIAN

9-8-05 Admin Note: Updated copies of
 0730 Site from 6-10-05 to present.

11 copies

L. Oliver, M.D.
 L. Oliver, M.D.
 FCI Jesup, GA

9.23.05
 1515

BP 124/74

P 64

R 15

T 97.7

The pt just returned from Savannah Memorial where he had a stress test. He admits to a headache but denies any chest pain, dizziness or SOB.
 HEENT normocephalic

Pharm M
 BOLAJI, ARM
 FCI TH...

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Medication:

Allergies:

() Antifungal Cream APAA BIDx _____ days # _____ refills _____

() Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____

() Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches # _____ refills _____

() Aspirin (81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. pm for fever/pain # _____ Refills _____

() Ibuprofen 400mg l.p.o. t.i.c. pm. p.c. for pain relief #21 Refill _____

() HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____

() Colace 100mg 1 capsule BID for constipation # _____ Refills _____

() Dulcolax take (2) or (3) tabs. qHS for constipation # _____ Refills _____

() Antacid Suspension (10ml)/(15ml) p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____

() Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____

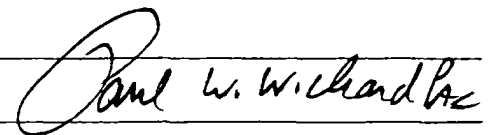
() Zantac 150mg p.o. q 12 hrs x _____ days. refills _____

() Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____

() Antibiotics Oral/Injectables: (specify route, times, days, etc.)

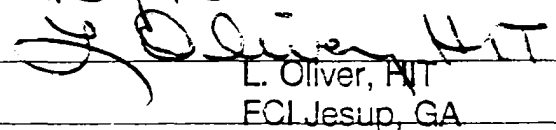
CHECK FOR ALLERGIES:

- ① Bactrim DS + BID x 10 day Non pill line
- ② Bactoban BID #1
- ③ RTC PM



Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

9-8-05 Admin Note: Updated copies of
0730 file from 6-10-05 to present.
11 copies



L. Oliver, HIT
FCI Jesup, GA

NHN 7540-00-034-4176

900-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8/9/05 1230	SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other: History of Present Illness: <i>CL L nostril bleeding</i> <i>off on + 2 months OF/c</i> Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVEI: HEENT: () N/A () Normal () Abdominal(Describe): <i>L nary sm sore</i> Skin: () N/A () Normal () Abnormal(Describe): <i>lateral wall</i> Heart: () N/A () Normal () Abnormal(Describe): Lungs: () N/A () Normal () Abnormal(Describe): Abdomen: () N/A () Normal () Abnormal(Describe): Other: ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <i>infecta</i> PLAN: Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other: Patient Education: () Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDT () Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance () Patient Undersood and agreed Consultation / Referral:		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT, SERVICE, SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

 STANDARD FORM 600 (REV. 5-84)
 Prescribed by GSA and ICMR
 FPMR (41 CFR) 201-45.505

Medication:

Allergies:

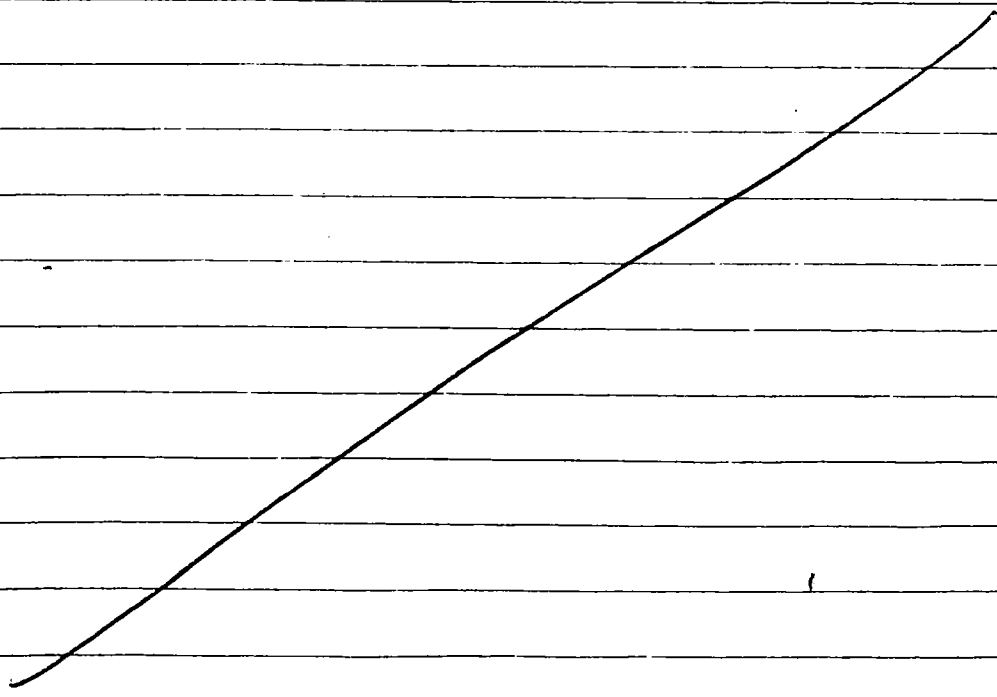
- () Antifungal Cream APAA[®] BIDx _____ days # _____ refills _____
- () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
- () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches # _____ refills _____
- () Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. pm for fever/pain Refills _____
- () Ibuprofen 400mg lp.o. t.i.c. pm p.c. for pain relief #21 Refill _____
- () HC Cream 1% APAA BIDx _____ days # _____ gm, Refills _____
- () Colace 100mg 1 capsule BID for constipation # _____ Refills _____
- () Dulcolax take(2) or (3) tabs. qHS for constipation # _____ Refills _____
- () Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____
- () Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____
- () Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
- () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
- () Antibiotics Oral/Injectables: (specify route, times, days, etc.)
CHECK FOR ALLERGIES:

- ① Motrin 600mg TID 2 tabs # 60
- ② Amoxicillin 500mg TID x 10 days

Paul W. Wickard, PAC

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

W
J. RPH
Jesup, Ga.



RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11/14/05 0940	<p>SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U</p> <p>Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:</p> <p>History of Present Illness: Clo R-sided neck pain OA/c OA right sweat</p> <p>Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)</p> <p>OBJECTIVE: B/P: T(F): P: R/R: Wgt: FVEI:</p> <p>HEENT: () N/A () Normal () Abdominal(Describe): tenderness R</p> <p>Skin: () N/A () Normal () Abnormal(Describe): side of neck</p> <p>Heart: () N/A () Normal () Abnormal(Describe): R ear normal</p> <p>Lungs: () N/A () Normal () Abnormal(Describe): throat & teeth</p> <p>Abdomen: () N/A () Normal () Abnormal(Describe): Normal</p> <p>Other:</p> <p>ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: Neck pain</p> <p>PLAN:</p> <p>Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:</p> <p>Patient Education: () Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI () Stop Smoking/ Increase exercise () Medication Dosage/Administration/compliance</p> <p>() Patient Undersood and agreed</p> <p>Consultation / Referral:</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SECTION/COMMUNICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 300 REV 1-64

Prescribed by USA and COMR
FORM 1-770-001-100-505

Medication: Allergies: NKJA

0930

() Antifungal Cream APAA/BIDx _____ days # _____ refills _____

() Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____

() Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____ Refills _____

() Aspirin(81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs.p.a. for pain _____ Refills _____

() Ibuprofen 400mg l.p.o. t.i.c. pm p.c. for pain relief #21 Refills _____

() HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____

() Colace 100mg 1 capsule BID for constipation # _____ Refills _____

() Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____

() Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____

() Tagamet 300mg/400mg p.o. q 12 hrs x _____ dats. refills _____

() Zantac 150mg p.o. q 12 hrs x _____ days. refills _____

() Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____

() Antibiotics Oral/Injectables: (specify route, times, days, etc.)

CHECK FOR ALLERGIES:

Immunex 1 SL 9 war
Linc. 500mg T DC TID x 7 days

B. Armo. F4C
FCH Jesus. GA

W
RPH
CHESUP. G.

HEAT 7040-00-001-0170

930-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (See each entry)
6.23.05	SUBJECTIVE: <u>SICK CALL</u> () CAMP () H.S.U () S.H.U.
0930	Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other: <u>nasal congestion</u>
	History of Present Illness: <u>I have nose bleed</u> <u>and head for 3 days</u> <u>He denies any photo sensitivity</u>
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) <u>(6)</u> (7) (8) (9) (10)
	OBJECTIVE: B/P: <u>120</u> T(F): <u>97.3</u> P: <u>63</u> R/R: <u>18</u> Wgt: FUEL:
	HEENT: () N/A () Normal () Abdominal(Describe):
	Skin: () N/A () Normal () Abnormal(Describe): <u>no present</u> <u>nasal discharge</u>
	Heart: () N/A () Normal () Abnormal(Describe):
	Lungs: () N/A () Normal () Abnormal(Describe):
	Abdomen: () N/A () Normal () Abnormal(Describe):
	Other:
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <u>Headache</u> <u>Myalgia</u> <u>Stomach</u>
	PLAN:
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:
	Patient Education: () Etiology Complications Prognosis Adverse Reactions () Diet () Use of MD () Stop Smoking/ Increase exercise () Medication Dosage/Administration/compli () Patient Undersood and agreed
	Consultation / Referral:

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

E. ARNOLD, P.O.

PATIENT'S NAME (Last, First, Middle Initial)

SEX: MA

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/BRANCH/UNIT/LOCATION, ETC.

DATE OF BIRTH

Medication:

Allergies:

- () Antifungal Cream APAA BID x _____ days # _____ refills _____
- () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
- () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain relief/headaches _____ Refills _____
- () Aspirin (81 mg)/(325mg) TT PO QD/QID/(1)/(2) tabs q4-6 hrs. for pain relief _____ Refills _____
- () Ibuprofen 400mg 1p.o. t.i.c. pm p.c. for pain relief #21 Refills _____
- () HC Cream 1% APAA BID x _____ days # _____ gm Refills _____
- () Colace 100mg 1 capsule BID for constipation # _____ Refills _____
- () Dulcolax take (2) or (3) tabs. qHS for constipation # _____ Refills _____
- () Antacid Suspension (10ml)/(15ml) p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____
- () Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____
- () Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
- () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
- () Antibiotics Oral/Injectables: (specify route, times, days, etc.)

CHECK FOR ALLERGIES:

Idle x 2 days
Tylenol ES # Q 8° PMN

Paul W. Wickard

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

[Signature]
RPH
FPC-JESUP GA

6-10-05 Admin Note: Update of file from 5-4-05
1015 to present. ~~Reopen~~

[Signature]
L. Oliver, HIT
FCI Jesup, GA

NEN 7540-101-0175

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION
4/7/05	SUBJECTIVE: SICK CALL () CAMP () H.S.U ()
13/0	Chief Complaint(s): - itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:
	History of Present Illness: <i>R chest pain last night 2 deep inspirations</i>
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
	OBJECTIVE: B/P: <i>106/70</i> T(F): <i>99.3</i> P: <i>93</i> R/R: Wgt: FVEI:
	HEENT: () N/A () Normal () Abdominal(Describe): <i>4-6 minutes 6-9/74</i>
	Skin: () N/A () Normal () Abnormal(Describe):
	Heart: () N/A () Normal () Abnormal(Describe):
	Lungs: () N/A () Normal () Abnormal(Describe):
	Abdomen: () N/A () Normal () Abnormal(Describe):
	Other:
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: <i>4-6/74</i>
	PLAN:
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:
	Patient Education:
	() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDT
	() Stop Smoking/ Increase exercise () Medication Dosage/Administration/compl
	() Patient Undersood and agreed
	Consultation / Referral:

PATIENT'S IDENTIFICATION Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FBI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/BRANCH IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 300 REV 3-84
Prescribed by GSA and OMB



Date: 7/22/05

Inmate Name: Kelly Leslie

Reg. # 26864-039

Unit: E1

RE: Utilization Review Committee
Case Review decision

Dear patient:

☒ Your case was reviewed and approved, your procedure will be scheduled accordingly.

Cardiology

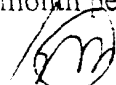
☐ Your case was reviewed and will need a close follow up by your primary care physician, at this time your procedure is on hold, and re-submission of the request will be considered if medically indicated. Please watch call out.

☐ Your case was reviewed and it is consider an elective procedure that can wait until you are released from federal custody. The request for the procedure is denied. We will continue to monitor and provide treatment as necessary.

☐ Other _____

Please understand that the medical trips for outside consultations are scheduled by prioritizing the urgency of the case; therefore, your case could take longer than another inmate. Once you have received this document and you have not been treated within a six month period of your consult, you may request an update on your case through your provider.

cc: medical record


UTILIZATION REVIEW COMMITTEE

Federal Bureau of Prisons

Date/Time	#	Diagnosis - Treatment
8/30/04 5/0850		Hx [✓] S: I have a cavity O: Pt. reports being told at other facility to have cavies & would like tooth restored. Occlusal caries present #14, currently asymptomatic. Radiograph taken. A: Occlusal caries #14 P: Periodic exam performed. RTC for car. #14 MARVIN C. LA. DDS. FCI/FPC Jesup, GA
9/2/04 5/0945		Hx [✓] Occlusal Trp'n. analgesic #14, 2.7cc 4% Eutectic 1:200,000 ep. Vaseline MARVIN C. LA. DDS. FCI/FPC Jesup, GA
2-1-05 9/1230		Px: Bw(4); cav & jet; Pretty Good OHI; pt states he flosses everyday; L-Sub cal; Slight hem. Stressed brush & floss; innate receptive to OHI Debra Griffiths RDH FCI/FPC Jesup, GA
8-3-05 9/1230		Px: cav & jet; Pretty Good OHI; Slight hem; flosses daily; stressed brush & floss; innate receptive to OHI Debra Griffiths RDH FCI/FPC Jesup, GA

For: KELLY JESSIE DOMITIS
Height: 5'9" Allergies:
Weight: 175lbs. Diagnosis:

Case 1:03-cv-00868-SJM-SPB Document 51 Filed 10/31/2005 Page 21 of 41

MEDICATION USES INSTRUCTIONS	RX NUM	QUAN	START DATE	LAST FILL REF AVAIL	EXP DATE PROVIDER
METOPROLOL 50 MG TAB T/T BID	111585	30	05/09/2005	05/09/2005 5	11/04/2005 WICKER
LOVASTATIN 20 MG T1T QPM WITH MEAL	111584	30	05/09/2005	05/09/2005 5	11/04/2005 WICKER
ASPIRIN, E.C. 81 MG TAB T1TQD	111583	30	05/09/2005	05/09/2005 5	11/04/2005 WICKER
IBUPROFEN 600 MG TAB T1TTIDCF	111582	45	05/09/2005	05/09/2005 11	11/04/2005 WICKER
METOPROLOL 50 MG TAB T1TBID	106574	32	02/11/2005	04/26/2005 0	05/11/2005 WICKER
IBUPROFEN 600 MG TAB T1TTIDCF	106577	30	02/11/2005	04/14/2005 7	05/11/2005 WICKER
ASPIRIN, E.C. 81 MG TAB T1TQD	106576	28	02/11/2005	04/14/2005 0	05/11/2005 WICKER
LOVASTATIN 20 MG TAB T1T QPM WITH MEAL	106575	28	02/11/2005	04/14/2005 0	05/11/2005 WICKER
TETRACYCLINE HCL 500 MG CAP T1CQIDACHS	107668	40	03/01/2005	03/01/2005 0	03/10/2005 WICKER

☐ Allergies:
☐ Am. Cream/APAA BID x _____ days # _____ gm Refills _____
☐ Milk of Magnesia 15ml BID x _____ days # _____ gm Refills _____
☐ Tylenol 325mg. (1)/(2) tabs. q 4 hrs for pain relief x _____ days # _____ gm Refills _____
☐ Aspirin(81 mg)/(325mg) TT PO QD/QID/PRN x _____ days # _____ gm Refills _____
☐ Ibuprofen 400mg Ip.o. t.i.c. pm p.c. for pain relief #21 Refills _____
☐ HC Cream 1% APAA BID x _____ days # _____ gm Refills _____
☐ Colace 100mg 1 capsule BID for constipation # _____ Refills _____
☐ Dulcolax take(2)or(3)tabs. qHS for constipation # _____ Refills _____
☐ Antacid Suspension(10ml)/(15ml)p.o. q 4 hrs pm for heartburn, indigestion x _____ days # _____ gm Refills _____
☐ Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____
☐ Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
☐ Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____
☐ Antibiotics Oral/Injectables: (specify route, times, days, etc.)
 CHECK FOR ALLERGIES:

Idle x 2 days
 Tylenol ES # Q 8° PRN

Paul W. Wickard

Paul W. Wickard, PAC
 Physician Assistant
 FCI/FPC/FSL Jesup, Ga.

✓ Watson, RPH
 FCI/FPC-JESUP, GA

6-10-05 Admin Note: Update of file from 5-4-05
 1015 to present.

L. Oliver
 L. Oliver, HIT
 FCI Jesup, GA

HEALTH RECORD

DATE	SYMPTOMS	TREATMENT	SPONSOR ORGANIZATION
6/7/05	SUBJECTIVE: SICK CALL () CAMP () H.S.U ()		
13/0	Chief Complaint(s): itching / rash / headache / dyspnea / rhinitis / toothache / somatic pain / renew medication / other		
	History of Present Illness: H chest pain last night & deep in private		
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		
	OBJECTIVE: B/P: 104/66 T(F): 99.3 P: 93 R/R: Wgt: FVEI:		
	HEENT: () N/A () Normal () Abdominal(Describe): tubercle 5043		
	Skin: () N/A () Normal () Abnormal(Describe):		
	Heart: () N/A () Normal () Abnormal(Describe):		
	Lungs: () N/A () Normal () Abnormal(Describe):		
	Abdomen: () N/A () Normal () Abnormal(Describe):		
	Other:		
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspnea Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: LUK!		
	PLAN:		
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:		
	Patient Education:		
	Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI () Stop Smoking/ Increase exercise () Medication Dosage/Administration/comp		
	() Patient Undersood and agreed		
	Consultation / Referral:		

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT / SERVICE / DIVISION / LOCATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

ANESTHESIA (Sign each entry)

DISEASE

SIBOLO

RHEUM

PAIN SCALE

10
8
6
4
2
0

0 No Pain
1-2 Mild
3-4 Discomfort
5-6 Moderate
7-8 Severe
9-10 Worst Pain

right foot



left foot

SUBJECTIVE: Doing pretty well
Voiding - ok R M - ok O.B.T.S. - OK
9+ hours - walking TOB ϕ
sleeping - ok
continues 2 HA's

OBJECTIVE: (Review of Systems): AGE 42 SEX: Male RACE: AA

Weight 202 Temp: Pulse: 79 Resp: 16 BP: 110/66 SO2% Peak Flow:

Mental Health: stable

HEENT: Normal

Last Op/Opht. Eval: 4/05

Neck: Θ Hyoid Θ brnt Eyes: PERUA

Heart: RRR 3 M

Lungs: clear

Abdomen: soft BS \oplus non tender Θ masses

Genital/Rectal: deferred

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name-last; first, middle; ID No or SSN; Sex; Dat of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

DATE: 5-1-05 SYMPTOMS: Cont. DIAGNOSIS: Cont. TREATING ORGANIZATION (Sign each entry)

Recent Lab Results:

ASSESSMENT(S): ① HTW ② HA ③ ↑ lipid

① Triple antibiotic BID (nose) #1
 ② Motrin 600mg TID 2 meals x 180 days
 ③ EC ASA 81mg everyday x 180 days
 PLAN ④ Lovastatin 20mg everyday x 180 days
 ↓ ⑤ Metoprolol 25 mg BID x 180 days

PATIENT EDUCATION:

- (☒) Etiology, Complications, Prognosis, Prevention (☐) Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes
 (☒) No Smoking (☒) Medication Dosage/Administration/Compliance/Side Effects (☒) Patient Understood Topics
 (☒) Instructed if problems or if running out of medication should sign up for sick-call.

DIAGNOSTIC STUDIES: (☒) CBC/DIFF (☐) UA (☐) BMP (☒) CMP (☒) LIPIDS (☐) HgA1c (☐) LFT (☐) Viral Load(☐) CD4 (☐) Hepatitis Panel (☐) CXR (☐) EKG (☐) Others:

5 months

Consultations: (☐) Optometrist (☐) Ophthalmologist (☐) Dietician (☐) Orthopedic Surgeon (☐) OtherReferral to IDC for Vaccination: (☐) Influenza (☐) Pneumococcal (☐) Other

Return to Clinic for Routine Follow Up on: 90 days 180

Treatment(s): ALL Treatments For 90 Days. 180

AST/ALT 113

JESUP, RPH

FCL/TPC/JESUP, CA

Paul W. Wickard, PAC
 Physician Assistant
 FCL/TPC/FSL Jesup, Ca

DATE: 6/8/05

MEMORANDUM FOR INMATE:

Kelly Leslie

REG NO:

26864-039

FROM:

UTILIZATION REVIEW COMMITTEE
(URC).

SUBJECT:

OUTSIDE CONSULTATION

Please be advised that your consult for outside medical care/treatment for

CT head

was reviewed today by the URC and your treatment has been approved/disapproved.

I will talk to you at
next visit

Please understand that the medical trips for outside consultations are scheduled by prioritizing the urgency of the case; therefore, your case could take longer than another inmate. Once you have received this document and you have not been treated within a six month period of your consult, you may request an update on your case through your provider.

UTILIZATION REVIEW COMMITTEE

DATE: 5-11-05

MEMORANDUM FOR INMATE:

Leslie Kelly

REG NO:

26864 -039

FROM:

UTILIZATION REVIEW COMMITTEE
(URC)

SUBJECT:

OUTSIDE CONSULTATION

Please be advised that your consult for outside medical care/treatment for

stress test / Cardiology evaluation

was reviewed today by the URC and your treatment has been approved/disapproved.

Approved - ~~been~~ (to be in less
than 1 yr)

Please understand that the medical trips for outside consultations are scheduled by prioritizing the urgency of the case; therefore, your case could take longer than another inmate. Once you have received this document and you have not been treated within a six month period of your consult, you may request an update on your case through your provider.

UTILIZATION REVIEW COMMITTEE

MEDICAL REPORT OF DUTY STATUS

NAME	Leslie Kelly	HOSPITAL REGISTRATION NO.	26864-039
ADDRESS	CA		

INPATIENT	INCLUSIVE DATES OF TREATMENT			
	From:		Through:	
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED	
		A.M./P.M.	A.M./P.M.	
DISPOSITION	Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS	DATE
	To return to clinic	DATE	To be hospitalized	DATE
	OTHER (Specify)			

REMARKS

Idle x 2 days

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
FCI Des Moines	Pr. Clerk LAC	8-7-05

SF 513-110

NSN 7540-00-634-4127

MEDICAL RECORD CONSULTATION SHEET

TO: <i>WM H</i>	FROM: <i>P. W. H. H.</i>	DATE OF REQUEST: <i>6/7/07</i>
-----------------	--------------------------	--------------------------------

REASON FOR REQUEST (Complaints and findings):

Follow up visit (

Medication Allergies:

Current Medications:

PROVISIONAL DIAGNOSIS:

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HRS <input type="checkbox"/> EMERGENCY
--------------------	----------	--	---

CONSULTATION REPORTRECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NOConsultant's findings and recommendations:*Elavil**CT Denied 6/8/05 URE*

Return to FCI Jesup Health Services with escorting officer. Thank you.

IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.
SIGNATURE AND TITLE			DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; grade; rank; rate; hospital or medical facility)

CONSULTATION SHEET

Medical Records

STANDARD FORM 513 REV 3-92

Contact Telephone Number: 912-427-0870 x 435 FAX: 912-427-1250

Prescribed by GSA/ICMR, FIRM 41 CFR, 201-9.302-1

FCI/FSL/FPC Jesup, GA

For: KELLY, LESLIE ROMILE
Height: 5'9" Allergies:
Weight: 175lbs. Diagnosis:

ID No: 26864-039

Filed 10/31/2005 Page 30 of 41

MEDICATION USES INSTRUCTIONS	RX NUM	QUAN	START DATE	LAST FILL REF AVAIL	EXP DATE PROVIDER
METOPROLOL 50 MG TAB T/T BID	111585	30	05/09/2005	05/09/2005 5	11/04/2005 WICKER
LOVASTATIN 20 MG T1T QPM WITH MEAL	111584	30	05/09/2005	05/09/2005 5	11/04/2005 WICKER
ASPIRIN, E.C. 81 MG TAB T1TQD	111583	30	05/09/2005	05/09/2005 5	11/04/2005 WICKER
IBUPROFEN 600 MG TAB T1TTIDCF	111582	45	05/09/2005	05/09/2005 11	11/04/2005 WICKER
METOPROLOL 50 MG TAB T1TBID	106574	32	02/11/2005	04/26/2005 0	05/11/2005 WICKER
IBUPROFEN 600 MG TAB T1TTIDCF	106577	30	02/11/2005	04/14/2005 7	05/11/2005 WICKER
ASPIRIN, E.C. 81 MG TAB T1TQD	106576	28	02/11/2005	04/14/2005 0	05/11/2005 WICKER
LOVASTATIN 20 MG TAB T1T QPM WITH MEAL	106575	28	02/11/2005	04/14/2005 0	05/11/2005 WICKER
TETRACYCLINE HCL 500 MG CAP T1CQIDACHS	107668	40	03/01/2005	03/01/2005 0	03/10/2005 WICKER

Medication:

Allergies:

() Antifungal Cream/APAEMDx _____ days # _____ refills _____
 () Milk of Magnesia 15ml/30ml p.o. qHS for constipation _____ days Refills _____
 () Tylenol 325mg. (1)/(2) tablets QID pm for fever/pain _____ refills _____

() Aspirin (81 mg)/(325mg) TT PO QD/QID/(1)/(2) tablets _____ refills _____
 () Ibuprofen 400mg p.o. t.i.c. pm. p.c. for pain relief #21 refills _____

() HC Cream 1% APAA BIDx _____ days # _____ gm Refills _____
 () Colace 100mg 1 capsule BID for constipation # _____ Refills _____
 () Dulcolax take (2) or (3) tabs. qHS for constipation # _____ Refills _____
 () Antacid Suspension (10ml)/(15ml) p.o. q 4 hrs pm for heartburn, indigestion x _____ days Refills _____

() Tagamet 300mg/400mg p.o. q 12 hrs x _____ days. refills _____
 () Zantac 150mg p.o. q 12 hrs x _____ days. refills _____
 () Antibiotic Ointment APAA BID/TID/QID x _____ days # _____ gm refills _____

() Antibiotics Oral/Injectables: (specify route, times, days, etc.)
 CHECK FOR ALLERGIES:

or Tylenol ES is Q 6⁰ PM #30

Paul W. Wickard, PAC
 Physician Assistant
 FCI/FPC/FSL Jesup, Ga.

5-4-05 Admin Note: Update of copies
 1230 from 12-1-04 to present.

L. Oliver, HIT
 FCI Jesup, GA

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (See each entry)
4-22-05	SUBJECTIVE: SICK CALL () CAMP () H.S.U () S.H.U			
1230	Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion toothache / somatic pain / renew medication / other:			
	History of Present Illness: clo L - upper chest pain last night @ SOB @ N/V non radiating			
	Numeric Scale for Pain Assessment: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)			
	OBJECTIVE: B/P: 118/78 T(F): P: 93 R/R: 16 Wgt: FVEL:			
	HEENT: () N/A () Normal () Abdominal(Describe):			
	Skin: () N/A () Normal () Abnormal(Describe):			
	Heart: () N/A () Normal () Abnormal(Describe): RRR 8m			
	Lungs: () N/A () Normal () Abnormal(Describe): CTA			
	Abdomen: () N/A () Normal () Abnormal(Describe):			
	Other:			
	ASSESSMENT: Dermatitis / Fungal Infection (feet) (groin) (skin) / Dyspepsia Rhinitis / Upper Respiratory Infection / Constipation / Headache / toothache Other: Chest wall pain			
	PLAN:			
	Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:			
	Patient Education:			
	() Etiology Complications Prognosis Adverse Reactions () Diet () Use of MDI			
	() Stop Smoking/ Increase exercise () Medication Dosage/Administration/comp			
	() Patient Undersood and agreed			
	Consultation / Referral:			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FCI JESUP, GEORGIA

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS/DIAGNOSIS/TREATMENT/TREATING ORGANIZATION (Sign each entry)

SUBJECTIVE: SICK CALL () CAMP () H.S.U. () S.H.U. ()

Chief Complaint(s): itching / rash / headache / dyspepsia / nasal congestion / constipation
toothache, somatic pain, renew medication, other

History of Present Illness:

Hardness: anterior chest wall

OP/c ⊕ body aches ⊕ cough

Numeric Scale for Pain Assessment: ☺ (1) (2) (3) (4) (5) (6) (7) (9) (10) ☹

OBJECTIVE: B/P: T(F): R: R/R: Wgt: Feet:

HEENT: () N/A () Normal () Abnormal(Describe):

Nose - boggy

Skin: () N/A () Normal () Abnormal(Describe):

EARS - Normal

Heart: () N/A () Normal () Abnormal(Describe):

Throat - red

Lungs: () N/A () Normal () Abnormal(Describe):

Abdomen: () N/A () Normal () Abnormal(Describe):

leg set bronchial BS

Other:

ASSESSMENT: Dermatitis / Fungal infection (Feet) (Groin) (Skin) / Dyspepsia / Rhinitis
Upper Respiratory Infection / Constipation / Headache / Toothache /
Other: bronchitis

PLAN:

Diagnostic Studies: () CBC () UA () SMA-24 () LFT () Lipids () Other:

Patient Education:

() Etiology / Complications / Prognosis / Adverse Reactions () Diet () Use of MDI

() Stop smoking / Increase exercise () Medication Dosage/Administration/Compliance

() Patient Understood and Agreed

Consultation / Referral:

PATIENT'S IDENTIFICATION (Use this space for mechanical)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT/SERVICE/ISSN/IDENTIFICATION NO.

DATE OF BIRTH

line 108 m P.W. 1070 dm
C.M T 2 8³ PKW //

Idle X 3 day

Also to be kept out of
his box

Paul W. Richard Jr.

Paul W. Wickard, PAC
Physician Assistant
FCI/FPC/FSL Jesup, Ga.

Watson, REH
JESUP, GA

3-31-05	Admin Note: Copy of Lab dated .
10/5	3-9-05 to inmate - 2 Copies. G. Oline, H. I.

L. Oliver, HIT
FCI Jesup, GA

A graph on lined paper showing two intersecting curves. The horizontal axis is labeled t at the right end. One curve starts at the origin $(0,0)$ and increases, while the other starts high on the y -axis and decreases. They intersect at a point in the first quadrant.

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE/TIME

2/11/02

CLINIC(S) () CARDIAC () DIABETIC () DERMATOLOGY () GASTRO () NEPHROLOGY () PULMONARY ()

10:50

() INFECT DISEASE () MENTAL HEALTH () NEUROLOGY () OB GYN () ORTHO/RHEUM () PEDIATRIC ()

PAIN SCALE

10
 8
 6
 4
 2
 0
 0 No Pain
 1-2 Mild
 3-4 Discomfort
 5-6 Moderate
 7-8 Severe
 9-10 Worst Pain
 right foot



SUBJECTIVE: Doing pretty well -
 w/ stable voiding - OK BM - OK OBTs
 ORB. Exercise - bike + WTS
 Sleepy - poorly c/o dizziness on top
 when bending over also occasional
 SOB

OBJECTIVE: (Review of Systems): AGE: 42 SEX: Male RACE: AA

Weight: 204 Temp: Pulse: 62 Resp: BP: 120/66 SO2% Peak Flow:

Mental Health: Stable Temp 64 TBP 134/69

HEENT: Normal Last Op/Opht. Eval: 12/02

Neck: @brint @Thyroid Eyes: PERRLA

Heart: RRR 3M

Lungs: Clear

Abdomen: soft B50 nontender @masses

Genital/Rectal: deferred

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give Name-last first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

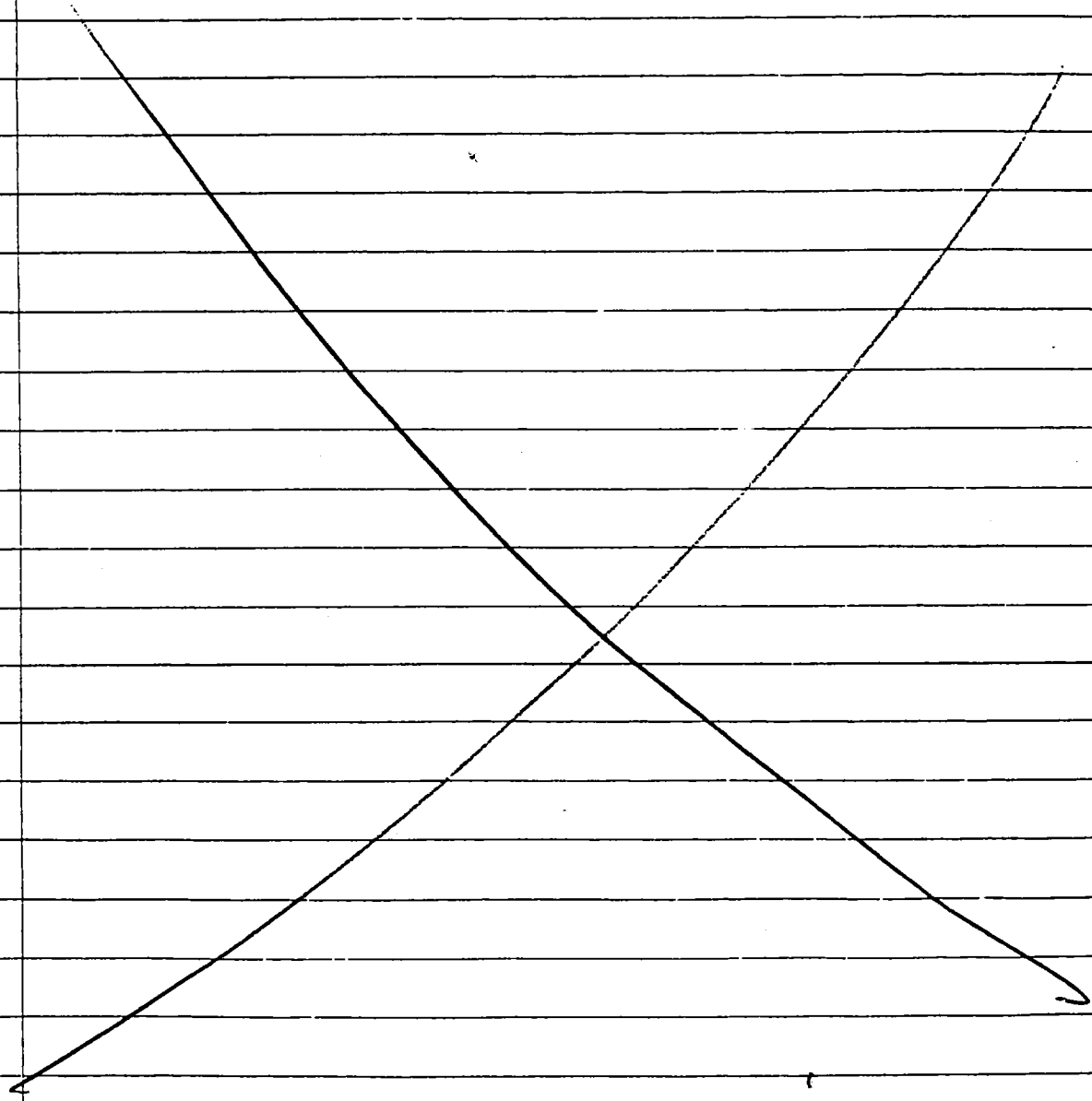
REGISTER NO. WARD NO.

DATE	SYMPTOMS	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION
	Extremities:		Oedema	
	Recent Lab Results:	Chol 257	LDL 206	Cr 1.4
	ASSESSMENT(S):	① HTW ② Thp ③ vertigo ④ DPT ① Metoprolol 50mg BID x 90 day ② Lovastatin 20mg everyday x 90 day ③ EC ASA 81mg everyday x 90 day PLAN ④ Motrin 600mg TID 2 meals x 90 day		
	PATIENT EDUCATION:	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic/Cardiac/Infectious Disease, Lifestyle changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage/Administration/Compliance/Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Instructed if problems or if running out of medication should sign up for sick-call.		
	DIAGNOSTIC STUDIES:	<input checked="" type="checkbox"/> CBC/DIFF () UA () BMP <input checked="" type="checkbox"/> CMP <input checked="" type="checkbox"/> LIPIDS () HgA1c <input checked="" type="checkbox"/> LFT () Viral Load () CD4 () Hepatitis Panel () CXR () EKG () Others: 1 month fast		
	Consultations:	() Optometrist () Ophthalmologist () Dietician () Orthopedic Surgeon () Other		
	Referral to IDC for Vaccination:	() Influenza () Pneumococcal () Other		
	Return to Clinic for Routine Follow Up on:	90 days		
	Treatment(s):	ALL Treatments For 90 Days.		
		Paul W. Wickard, PAC Physician Assistant FCI/FPC/FSL Jesup, Ga.		

SYMPTOMS, DIAGNOSIS, TREATMENT, HEATING ORGANIZATION (10/31/2005)

1030 to inmate - *[Handwritten signature]*

Oliver Hill
FCI West, GA



MEDICAL REPORT OF DUTY STATUS

NAME Leslie Kelly HOSPITAL REGISTRATION NO. 26864-639
 ADDRESS CA

INPATIENT	INCLUSIVE DATES OF TREATMENT			
	From:		Through:	
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED	
		A.M./P.M.	A.M./P.M.	
DISPOSITION	Can resume usual occupation	DATE	Can perform limited duties as specified under REMARKS	DATE
	To return to clinic	DATE	To be hospitalized	DATE
	OTHER (Specify)			

REMARKS

Idle x 3 days - until 3/4/05

Raul W. Wickard, PAC
 Physician Assistant

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER, PHYSICIAN ASSISTANT, NURSE, OR LIBRARIAN	DATE
<u>PTI Leary</u>	<u>Raul W. Wickard</u>	<u>3-1-05</u>

NAME: Kelly, Leslie ID: 26864-039 DOB: 12/17/62 DATE: 4/20/05 Loc:

CC: "I need new glasses."		MEDS:	
Hx: He reads without glasses. He denies that he's been diagnosed with HTN, but the diagnosis is in his chart.		MEDICAL HX:	
FAMILY Hx:		Allergic: NKDA	
SOCIAL Hx:			

VA R	VA C TX	VA C T	VA P H	REFRACTION	W	VA	REFRACTION	VA	REFRACTION	VA	REFRACTION	VA	REFRACTION
R 20/40-2	20/		20/		W		R						
L 20/40-2	20/		20/				L						
				FRAME SPECIFICATIONS	M		R						
				50 X 24 / 6.00			L						
TA	18	TIME		PD AND SEG HT	Rx	20/20	R -1.00	-0.50	090				
	18	14:00		65/62 Seg		20/20	L -0.75	-0.75	085				

OD/OS			OD/OS		
	WNL	ABNORMAL COMMENT		WNL	ABNORMAL COMMENT
CVF	<input checked="" type="checkbox"/>		SLE AC	<input checked="" type="checkbox"/>	
EOMs	<input checked="" type="checkbox"/>		Depth	<input checked="" type="checkbox"/>	
Primary Gaze	<input checked="" type="checkbox"/>		Clarity	<input checked="" type="checkbox"/>	
Sensory Function			SLE LENS		
CONJUNCTIVA			Clarity	<input checked="" type="checkbox"/>	
Bulbar	<input checked="" type="checkbox"/>		AntiPost Capsule	<input checked="" type="checkbox"/>	
Palpebral			Cortex	<input checked="" type="checkbox"/>	
ADNEXA			Nucleus	<input checked="" type="checkbox"/>	
Orbit	<input checked="" type="checkbox"/>		FUNDUS		Dilated ? <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> C <input type="checkbox"/>
Lacrimal Gland			Optic Disk Size	<input checked="" type="checkbox"/>	
Lacrimal Drainage	<input checked="" type="checkbox"/>		C/D Ratio	<input checked="" type="checkbox"/>	
Preauricular Nodes			Appearance	<input checked="" type="checkbox"/>	
Lids	<input checked="" type="checkbox"/>		Nerve Fiber Layer		
PUPILS & IRIS			Vitreous	<input checked="" type="checkbox"/>	
Shape	<input checked="" type="checkbox"/>		Macula	<input checked="" type="checkbox"/>	
Reaction	<input checked="" type="checkbox"/>		Retina	<input checked="" type="checkbox"/>	
Size	<input checked="" type="checkbox"/>		Periphery		
SLE CORNEA			MENTAL STATUS		
Epithelium	<input checked="" type="checkbox"/>		Orients PPT		
Stroma	<input checked="" type="checkbox"/>		Mood or Affect		
Endothelium	<input checked="" type="checkbox"/>				
Tear Film	<input checked="" type="checkbox"/>				

IMPRESSION, Dx

Obtuse. Presbycusis? Anterior and posterior segments are within normal limits. Compound myopic presbyope who can read without glasses and prefers to do so.

Luis Barrios MD
FCI/FPC Jesup, GA
7/17

PLAN, Tx

Wrote Rx for distance only glasses. RTC in a year to follow retinas.

E. Mayes Kendrick, O.D.

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS
Laboratory, 1900 W. Sunshine
SPRINGFIELD, MISSOURI 65808
(417) 862-7041

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*** SENSITIVE-LIMITED OFFICIAL USE ***

FINAL REPORT

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Register Number : 26864-039	Age : 42yr
Name : KELLY, LESLIE	Sex : M
Location : FCI JESUP (JES)	Room :
Admit. Physician: WICKARD	Accession Number : 1954
Order. Physician: WICKARD	
Collected : 03/09/05 @ 12:00 by: REFE	

Test	Result	Flag	Reference Range/Units	Tech
LIPID TESTING				
COMP. METABOLIC				
LIVER PROFILE				
Glucose	91		70 - 110 mg/dL	MS CK
Urea Nitrogen	13		7 - 22 mg/dL	MS CK
Creatinine	1.1		0.6 - 1.6 mg/dL	MS CK
SodiumI	140		137 - 148 mmol/L	MS CK
Potassium	4.6		3.5 - 5.0 mmol/L	MS CK
Chloridel	105		99 - 114 mmol/L	MS CK
CalciumI	8.9		8.5 - 10.9 mg/dL	MS CK
Total Protein	6.9		6.0 - 8.2 g/dL	MS CK
Albumin	3.7		3.6 - 5.1 g/dL	MS CK
Alkaline Phos.	88		41 - 133 U/L	MS CK
AST(SGOT)	24		11 - 55 U/L	MS CK
LDH	414		354 - 705 U/L	MS CK
Total BilirubinI	0.4		0.2 - 1.3 mg/dL	MS CK
Cholesterol	163		140 - 200 mg/dL	MS CK
Triglycerides	53		30 - 200 mg/dL	MS CK
A/G Ratio	1.14		1.00 - 2.30	MS CK
Globulin	3.2		2.0 - 3.7 g/dL	MS CK
ALT1(SGPT)	55		11 - 66 U/L	MS CK
Direct Bilirubin	0.1		0.0 - 0.5 mg/dL	MS CK
Gamma GT1	31		8 - 78 U/L	MS CK
Bilirubin Unconj	0.3		0.0 - 1.1 mg/dL	MS CK
Bun/Creat Ratio	11.6		5.0 - 30.0	MS CK
HDL-CholesterolI	39		29 - 67 mg/dL	RS TE

Other factors critical to assessment of
 CHD risk - Overweight, Blood Pressure,
 Smoking and Familial History.

VLDL	11		mg/dL	HS TE
LDL Cholesterol	113		62 - 130 mg/dL	HS TE
Chol/HDL Ratio	4.2		3.4 - 5.0	HS TE
Bilirubin Conjug	0.0		0.0 - 0.3 mg/dl	MS CK
CBC				
White Blood Cell	5.8		4.3 - 11.1 10 ³ /uL	KS TE
Red Blood Cells	5.46		4.46 - 5.78 10 ⁶ /uL	KS TE
Hemoglobin	14.8		13.6 - 17.6 g/dL	KS TE

Legend

LO=Low AL=Alarm Low EL=Elevated Low HI=High AH=Alarm High EH=Elevated High AA=Abnormal

Paul W. Wickard, PAC
 Physician Assistant
 FCI/FPC FSL Jesup, Ga.

Name : KELLY, LESLIE
 Register Number : 26864-039
 Printed : 03/10/2005 @ 16:18

Location : JES
 Page : 1 of 2

Location : JES
Page : 2 of 2